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A critical and maternal narrative approach to practice; enhancing recognition of, and
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Abstract

*This is a conceptual paper that uses a critical practice approach to how a social worker's
interpretive lens may transform after they become a parent. With a composite case example, I
reflect on my own biographical maternal narrative, which aims to enhance the recognition of,
and solidarity with, ambivalent representations in the journey of motherhood. I
conceptualise maternal narratives with Fook's critical approaches to practice framework
(2016). I interweave a composite case example that I had direct experience of and privilege of*

working with, along with my own biographical experience of mothering. The central themes that have emerged from my critical reflective analysis are; ambivalence, imperfection and guilt. This open-ended inquiry outlines a new way of knowing. The primary data is biographical. For the purpose of this critical reflective article I am a mother, and hence I refer to my gendered experience. The article attempts to explore how my social work practice is afforded a new interpretative lens and reconstruction after my own transition into motherhood.

Keywords: critical approaches to social work practice; ambiguous representations in maternal narratives; biographical method; child protection social work

Introduction

In conceptualising maternal representations, I reflect on a social work composite case study, biographical data and relevant literature. In this critical reflective analysis, the overarching themes of ambivalence, imperfection and guilt emerged. These three complex themes are explored in an in-depth way using Fook's critical approaches to practice framework (2016). This critical analysis aims to reflect and expose the normalcy of these representations, in order to develop our recognition of, and solidarity with, our social work clients, engaged in the maternal care of infants and small children.

In my reflective practice journey, I consulted the key journals and text books, to find support for the themes that were stark and true in my lived experience. The repository of results from the various databases suggests that introspective explorations of how, as a social worker, transitioning to parenting and the impact on casework in child protection is not widely conceptualised. The subsequent results indicate that there is a dearth of literature examining how becoming a parent affects a Social Worker's interpretative lens.

The biographical method 'emphasises the inner experiences of individuals and its connections with changing events and phases throughout the life course' (Bryman, 2012, 712). It is a method that facilitates the researcher 'to remember, focus on and give senses and meanings to all people lifelong and lifewide experienced, to better understand what they lived and did...' (Aleandri, 2015, 352). The poststructuralist idea of deconstruction is central to critical practice. Fook's critical approach framework helps with deconstructing case work, which tests our current assumptions, that results in an enhanced understanding of clients' situations and empowerment (as cited in Payne, 2014, 344).

The autobiographical and the self in reflection is influenced by Habermas (1972) who emphasised three kinds of human knowledge – technical, practical and emancipatory – which are intrinsically interlinked and created by the professional in the health services. It is Habermas's third kind of knowledge, emancipatory, that is in itself biographical, self-reflective (as cited in Howatson-Jones et al, 2014, 2). We can be liberated from ideology and error through what Habermas terms as critical-dialectical thought (as cited in Fulcher & Scott, 2011, 56). Interwoven into the critical approach to practice is my biographical maternal narrative and its intersection with case work.

The critical approach to practice framework presents us with a way of critically analysing our case work. This is not a linear framework, but one which takes into consideration new ways of knowing, power, discourse, language, narrative and identity, difference. By employing the engine of critical practice, we move into the possibility of a more meaningful encounter for our clients with advocacy and empowerment (Payne, 2014, 345).

'One of the very interesting challenges of postmodern and poststructural thinking is the way in which it makes us question not just what we know, but also how we know it. In this sense, this newer way of thinking is very different from more modernist or 'structural' ways of thinking in that modernist thinking tends to assume that there is

an underlying 'structure' that explains the 'causes' of a phenomenon' (Fook, 2016, 45).

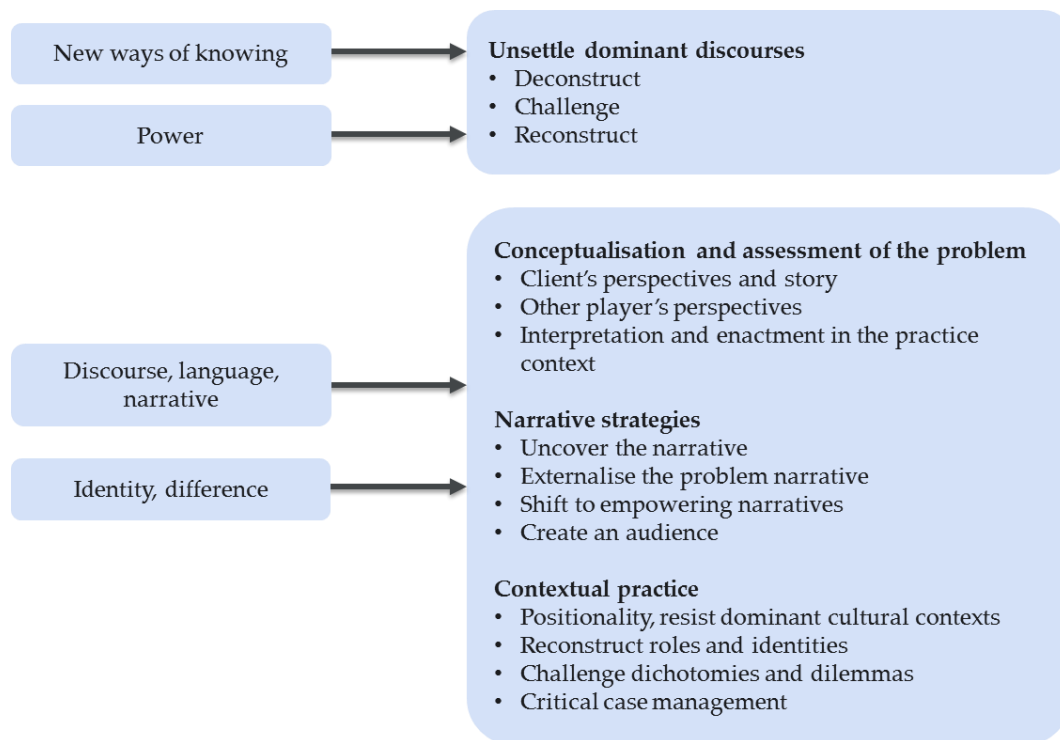


Figure 1 (Fook's Critical Practice- Source: Adapted from Fook 2012 in Payne, 2014, 345)

The Composite Case Study -Anna

This case work reflects some of the key themes emerging from the lived experience of many of my child protection cases. Anna is a pseudonym.

Brief psycho-social background

Anna initially presented as a young, pregnant homeless drug-user, attending a drug treatment centre. Her partner was in prison. Reviewing the chronological system, Anna's access to education was non-existent, leaving her unable to read or write. Her limited phrases and use of language meant that she was often misunderstood by professionals. When I was allocated this case, the referrer in the report had listed a number of pathologised labels upon Anna's potential to mother. As I was mindful of labelling theory, I was tasked to look beyond these labels and negative discourses to find the strengths in Anna, while being cognisant of the obstacles.

Anna had deep feelings of protection for her unborn infant. However, the way in which she communicated her mothering experience was interpreted by the middle class cultural health care system, as pathologically aggressive and hence she was labelled as 'aggressive'. Social workers in training learn that they are required 'to lean into the discomfort'. One leans in, tuning into the essence of what is being communicated, listening to both the verbal and more importantly non-verbal cues from the client. Thus, one looks beyond the typical obscenities Anna used when talking to professionals and focuses, instead, on the intention *behind* her communication.

Ambivalence

I recall my first meeting with Anna, loudly sucking a milkshake out of a straw and telling me her life was not about to change 'one iota' after she had her new baby. Her anticipation of birthing this baby and her projected image of her daily life, was that it was not going to alter in any significant way. At the time, I remember being concerned how this mother thought of her life pre-baby and post-baby was going to be relatively similar. However, projecting forward to consider my own pre-birth image of my 'babymoon' and the subsequent maternity leave, it was that my life was bound to positively change, irreversibly. However, similar to Anna, the extent of my whole life changing to orientate to my precious infant, did not compare with my preconceived ideas. I foresaw an image of joyful, bouncing baby and new homemaking skills, not extensively employed since my home economics subject in secondary school! I was waved off from work with well-intentioned cards and rapturous good wishes of 'enjoy your time off'.

The lived reality for both Anna and me with our newborn infants was very different from our preconceived thoughts of caring for an infant. Anna to a great extent came into her motherhood some days after birth. She explained the love she felt but also the struggles of literally learning to hold her baby. Following the *methodology* of the

Watch, Wait and Wonder attachment work (Muir & Lojkasek ,1999), meant going to meet with Anna in the neo-natal ward, on a daily basis for at least two weeks. The focus of these visits was to support Anna in the attachment of her baby. The outcome of this intense social work intervention suggested that Anna had a capacity to synergise with her baby's needs. She demonstrated the ability to learn the necessary skills to confidently meet her baby's needs. A wrap-around support plan from community social work was put in place for discharge.

I had assumed that when I became a mother, all my academic knowledge, my personal and professional life that had exposed me to little babies and their care would stand to me in my mothering. However the truth is, I recall that like Anna I had my own steep learning curve of breast-feeding, bathing, dressing and caring for my baby. I hadn't perceived the amount of knowledge that I lacked. Even strapping my first-born into her car seat seemed troublesome, being unfamiliar with strapping infants in rear-facing seats and the whole operational task of getting baby from here to there! I had the cognitive and intellectual tasks of caring for new-borns rote-learned, but applying this to practice was a whole other challenge! The midwife had to teach me the best way to bath a baby, check water temperature and how to hold my baby in the baby bath, preventing her from slipping out of my grip. This skill was not something I had ever done before and left me feeling pretty much out of my depth!

According to Fook's critical practice framework, we need to focus on new ways of knowing; hence the maternal narrative is the focus of exploration. The understanding of subjectivity and ambivalence, are the *new way of knowing* the complexities of mothering in a multitude of contexts. (Davies et al, 2007, 23, Fook, 2016). Ambivalence refers here, to opposing thoughts and feelings, usually recognising the coexistence of strong feelings of love and hatred (Brown, 2010, 122). In this reflection and discussion, ambivalence is linked to the feelings of

vulnerability which are argued to be a common experience of those journeying into parenting. By recognising that, in the consistent and reliable response from the parent to soothe their infant from disequilibrium to equilibrium (distress to calm), is what establishes the infant's secure internal working model. In this process the parent's self is abandoned and that it is this joining to the infant that is ambivalent, in the never ending cycle of demands and challenges. This abandoning of self is echoed in Lawler's book *Mothering the Self, Mothers, Daughters, Subjects*;

'A construction of maternity which defines it only in relation to the needs of children must necessarily occlude maternal subjectivity... Having been brought in to theories of child development as the nurturer of the child's needs, then, the mother is simultaneously written out, as all other aspects of her subjectivity are obscured. In nurturing the child's 'self', the mother's self threatens to disappear' .(Lawler, 2000, p133).

Perhaps we don't like to consider our parents having any ambivalence towards parenting us, which makes this frame of reference difficult to accept. According to Brown, the writers of mother memoirs had a perception that there was a lack of openness in talking about motherhood issues, in particular the darker ones. They justified their writing to satisfy a need for openness on maternal ambivalence, thus breaking the silence (Wolf, 2001, Fox 2003 as cited in Brown, 2010, 135). Parker states that in her analysis, 'all mothers experience complex and conflicting feelings about their babies' (Parker 2005, as cited in Brown, 2010, 122.)

Miller in her research, using the narrative method with first time mothers, highlights;

'The institution of motherhood in the Western world is, then, historically, socially, culturally, politically and, importantly morally, shaped. In turn, it powerfully shapes our experiences as women, whether or not we become mothers, because of the cultural assumptions related to the women's desire to be mothers. It also makes it hard to talk about unexpected and/or difficult aspects to new mothering, leading us to conceal what are normal experiences and reactions, and so perpetuates the old myths of motherhood (2005, 3).

The issue of maternal ambivalence is not an overarching theme in advice books or multimedia milieu, because our society mainly sees ambivalence as deviant and problematic (Parker, 2005, Hollway & Feathstone, 1997, as cited in Brown, 2010, 124). In order to be a mother, many authors, felt that they needed to experience a transformation of who they were and created a new motherhood 'self'. This process was ambivalent for many (Brown 2010, p.129).

Imperfection

Hourican (2013) in her book, 'How to *really* be a mother', shows how *motherhood* is now '*mothershould*'; it is, at times, a comical, subjective account of how unrealistic expectations are externally and internally placed on mothers. She describes how the mass media socially constructs the vision of the perfect family life with small children. She suggests, that if one comes to expect one's own family life to meet this ideal, the reality is going to be very far removed.

'In reality, those conservatory windows would be smeared with grime and the floor littered with the general debris of getting through a day with a small baby. The mother would be wondering to herself, 'Is this child ever going to anything but feed?' It's only been forty minutes since the last one....' (Hourican, 2013, 13).

In modern society, mothers are constantly beamed images of the perfect family life with their apparent lives of indulgence. This indulgence, with the gleaming stainless steel, granite top kitchen, a dinner table with piping hot, chef-inspired dinners, a toy room with paraphernalia for IQ development, to name a few, may set a bar too high for most women to achieve. From television programmes, advertising and movies, the modern mother absorbs a message that what children require is products, things and a *new look*, to be socially included, loved and cherished. Multimedia is defining 'good enough' parenting and value-laden childhoods, leading to extrinsic pressure on parents, who may wonder where their sense of self or personal story fits with this propagated vision. Mothers in these advertisements never have 'mom bods' and always have the perfect post-baby figure.

Referring to the composite case study, Anna, and the biographical data, a number of illuminations became reconstructed. In the main, mothers, irrespective of social class, internalise to a larger or lesser extent, the mass media's perfect vision of being a mother. This is evidenced when Anna explicitly stated that she judged herself to be the *imperfect mother* when she did not have her infant dressed in high-end designer baby clothes and footwear. The multi-layered stressful challenges this young mother was required to negotiate daily were somewhat alleviated by the personal joy she had in her baby's fashionable wardrobe. With great pride she showed me outfit after outfit that she had acquired and hung meticulously in her room. I reassured Anna, time and time again, that the standards set by the baby-clothing advertisement industry had no relevance to a social work assessment. As a new social work graduate, I was of the opinion that baby clothing was functional, necessary to keep your infant appropriately dressed for the weather. Yet, the positive, palatable energy and enthusiasm Anna had in her baby's every garment, was to be respected. Much of our rapport was built and maintained with conversations regarding these outfits.

Fast forward to when I became a mother, it became apparent to me that Anna's focus on her baby's perfect presentation was mirrored and reflected in the baby groups and gatherings that I also interacted with. I was illuminated to the fact that there were many parents dressing their infants for baby catwalks, irrespective of their social class. Like Anna, I had similar joy dressing my first baby in each of the new baby outfits and taking an infinite number of photographs. When my own first-born was around 3 months old, I distinctly recall an overflowing box of clean laundry that required ironing. I was overwhelmed and distraught by the mountain of tasks that seemed to stretch before me. Afterwards, without ironing anything, I put the iron away and folded the clothes back into the cupboards. Putting clean clothes on my infants and children is more than adequate - my own measurement of 'good

enough'! I self-declare, by the second and third baby, I had grasped the concept of cotton Babygros and their convenience!

Another example of the new ways of knowing that became apparent to me after I became a parent, was an unsettling of the dominant discourse of 'normal'. This involves an unrelenting focus on infants' and children's developmental milestones. The emphasis of health visitors and Public Health Nurses (PHN) on the developmental milestones, on measured charts and their suggestions for how a baby may achieve them is the focus of interaction with parents. In my composite case study, a PHN examined the infant at the 12 week check-up. She was concerned about baby developing her muscular system. It was recommended that baby needed a minimum of an hour of tummy time, during the day and again in the evening. Due to Anna's homelessness, it was a significant structural barrier for her to find a safe floor to put her precious infant on, to facilitate essential motor skills. She self-disclosed that baby was constantly in the push chair. A family support worker set aside time every week day to meet Anna and her baby for this floor play time. Anna's attendance at this centre was always erratic. Upon exploring the barriers for Anna in engaging in this service, it was apparent that her priority was the presentation of her infant and the lack of understanding of the value of floor play. Baby's contentedness, safety and meeting developmental milestones were the social work goals of intervention. I spent significant time social modelling to Anna, how to support tummy time and floor play. At this stage in my social work career, I had assumed this reluctance in Anna to engage in play with her infant was a symptom of my client's marginalisation, yet again my interpretative lens needed adjusting or shaking up. As Fook's critical practice framework emphasises, to 'unsettle' the dominant discourses that seem implicit in our thinking, presents the new ways of knowing (2016).

Anna's reluctance to engage in the floor play also was reflected as 'normal' by the parents I met at the infant groups. While in the main, most mothers seemed to have knowledge of the importance of playing with your baby there were exceptions. Sitting on floors with your infant for designated play time was not in every parent's comfort zone. What became apparent to me was that a middle-class mother not supporting their infant's floor play, was never going to be in the social services radar. My social work training had exposed me to the theoretical and practical skills of the importance of play, essential for me to connect with the young children on my case load. I reflect back at what I now consider the unrealistic expectation for Anna, to put her baby down for floor play at a family centre, used by many social groups from 7.30 a.m. until 9 p.m. There had to be another solution. How does one meet an infant's developmental requirements when you're in temporary homeless accommodation, requiring you and your baby to absent yourself every day for eight hours?

A facility such as the Parent-Child Psychological Support Programme Service attempts to address the needs of a wide range of parents' and infant's requirements. This service would have been ideal for Anna and baby, however was not in our catchment area at that time. This service framework recognises the *new way of knowing* the imperfection in parenting, as the norm. It was in operation up until June 2016, based in Ballymun, Ireland. It has regrettably closed due to central government funding cuts. The service worked on the shared understanding that parenting is difficult and demanding as well as very rewarding.

'Connected with this has been a move away from 'rescuing' children at risk from 'bad' parents to perceiving parenting as a difficult and complex task that requires support and understanding. This has resulted in a leaning toward developing partnership with parents and offering support, guidance or practical assistance'. (Cerezo, Dasi, Ruiz, 2013, 12)

Stadlen's outlines that, from a sociological perspective, 'motherly achievements often go unseen' (2004, p. 17). She goes on to explain that our social worlds offer no words

to women to explain what a mother does and demonstrates how women, when minding their young infants, are asked 'what are you doing?' mothers will commonly answer by saying "nothing" or "nothing much". Stadlen goes on to outline the words used to describe what mothers do when they are pathologised by services.

'We don't seem to have a problem when it comes to finding fault. We have plenty of words to describe what mothers do when they relate badly to their children. We could pack a small glossary with a depressing list of words and expressions; negligent, selfish, heartless, narcissistic, cold, uncaring...' (Stadlen, 2004, p 17).

It is clearly stated by Stadlen that, in an articulate world, we give women and men, who are parents, a dictionary of words to condemn, but no words to praise (2004, p19). According to Walkerdine and Lucey (1989), there is a long history of state-generated discourses of 'not good enough', 'bad mothers', 'maternal deprivation', 'latchkey kids' and 'dual worker', this relationship between mothers and their children is pathologised (as cited in Haywood & Mac an Ghail, 2007, p56).

'Mother blame' is reflected in a recent Hollywood comedy, 'Bad Moms' released in 2016, written and directed by Lucas and Moore. This movie uses satire and hilarious antics to drive home the role-strain that mothers may feel. The central character, Amy, played by Mila Kunis states 'I am so tired of being this perfect mom... I am done'. The movie follows three mothers orientating their lives to their own needs, while doing what they *need* for their children.

Guilt

It is evident that the omnipresent 'mother blame' is not only internalised by the mother but by the health care or educational professionals they come into contact with. '...mothers are simultaneously idealised and demonised.' (Caplan, 2000, Featherstone, 1997 as cited in Davies et al, 2007, 25).

Rachel Cusk in her book *'A life's work - becoming a Mother'* (2001), the following lines might resonate with parents of small infants:

“I witness that which I cannot personally remember, my early existence in this white state, this world of milk and shadows and nothingness” (Cusk, 2001, 84).

Cusk (2001) is not alone in writing about the reality in one's early mothering journey. This may conjure up feelings of guilt towards parenting. Anna, in her parenting, struggled with post-addiction isolation. She revealed to me, that her best friends (the people she felt most comfortable with before she had a baby) were other addicts like her. Now, in her post-baby life of the methadone maintenance programme, with the omnipotence of the social work system assessing her capacity, she felt the guilt of missing these people, that life of addiction. Yet her new mothering of her infant was opening new relationships with other parents and services that she was linked in with. She named how being a mother gave her a purpose, a focus for her maintenance phase of her addiction. The new role of being a mother give her a feeling of belonging, legitimised her space in the world around her and she could name what she was doing well in mothering.

Similarly like Anna I recall the feeling of being isolated from my pre-baby self, being at home with my newborn. Until my maternity leave commenced, aside from my four weeks annual holidays and weekends, I was never at home for extended periods of time. An active social life prior to my early months with my baby stayed on the pause button. I felt guilt in not being accessible to my friends as I had been pre-baby. If my good friends visited, it was a cycle of interruptions with baby feeding, changing and soothing. Those friends and colleagues would mutter 'are you back to yourself?' To be honest, I was never going back to my pre-baby self. Just as a back-packing trip to Central America or a social work placement in South Africa changed my world view, this new dimension of being a mother was now intrinsically part of me. On my return to work, I felt guilty about leaving my baby in

childcare. The emotional burden of juggling my career and my young's care needs were always present. I recall the first week back to my job, post-maternity leave. The conversations over tea or at the water cooler no longer seemed congruent with my yearning to be with my child. Through this initial adjustment I had a pain in the centre of my heart, that was alleviated once reunited and holding my little one. Certainly juggling this task of emotional labour taught me the new acute skill of prioritisation!

Anna was guilty about her old friends who she knew were still drug using. They were keen to draw her back to her old drug-using self, however now with an infant depending on her for survival, it was not a choice she was willing to take. My new social life with an infant changed entirely - to family activities, socialising with friends, (new and old), in kitchens or baby groups. Meet-ups usually began before noon involving drinks such as coffee/ tea. This contrasted to my pre-baby social life that was orientated after dusk and featured a moderate amount of alcohol!

According to Fook, critical reflection is an approach 'which can assist us in subjecting our practice to a more critical gaze, at the same time allowing us to integrate our theory and practice in creative and complex ways' (2016, 51). Hence my critical gaze of this normal understanding of parental guilt emerged from the themes that arose in my informal conversations in the sharing of the day-to-day experience of my own mothering journey. To hear mothers in mothering groups say things like;

'I am so tired I could die.... '

'I could lie on the couch all day while the toddler watched telly, nursing my baby as I confused all those around me because I could not string two sentences adequately.... '

'I shouted at my baby, it was my third time going back to sleep that night'.

As a practitioner in a child protection role it raised a question, if these aforementioned legitimate narratives were uttered by a mother subject to an assessment of risk, how empowered would this woman be in nurturing her child or children? How would she be perceived by the statutory services?

Adrienne Rich a feminist author, sums up this ambivalence and guilt very well in this quote;

'The bad and the good moments are inseparable for me..... I remember moments of peace when for some reason it was possible to go to the bathroom alone. I remember being uprooted from already meagre sleep to answer a childish nightmare, pull up a blanket, warm a consoling bottle, lead a half asleep child to the toilet. I remember going back to bed starkly awake, brittle with anger, knowing that my broken sleep would make next day a hell, that there would be more nightmares, more need for consolation, because out of my weariness I would rage at those children for no reason they could understand. I remember thinking I would never dream again'. (Rich, 1986,31)

Perhaps the guilt associated with mothering has risen in line with the proliferation of childrearing books and expanding psychological understandings of what infants and children require. One of Lawler's interviewees alluded to this when she said;

'I wonder if it's because there are so many books written on childcare and how to bring up your kids that we suffer so much more than older generations did. I mean mothers just used to get on with it...' (2000, 143).

Guilt has become another aspect of the modern experience of mothering. One learns to live with guilt only when there is a shared understanding of its subjectivity. Containment of guilt is aided by humour, honesty and a good dose of self-compassion.

Recognition and Solidarity

Those professionals who understand and empathise with the assumption that parenting is challenging and complex are in solidarity with their clients, whom they are privileged to walk alongside. There are nights of parenting tasks, such as

accompanying little ones to the toilet in the dim-lit hall, or a need for a night time suckle to ensure the infant is content, or a reassuring cuddle after a little one is woken from a bad dream. I, the mother, may often feel every ounce of extreme exhaustion. However, invisible to others, is the reciprocal bank of human love that offers comfort and reprieve. Coffee for many new mothers is the antidote to this exhaustion. Despite the dearth, there is always mirth!

Reflecting on what Fook refers to as the 'power inequalities and a commitment to the empowerment of the powerless people, has been a cornerstone of more modernist critical approaches'(2016, 63). A social worker with a family supportive role requires an in-depth understanding of the 'normal' feelings of mothering and fathering an infant after birth, so the assessments can be made, based on a shared platform of understandings and expectations.

'Feminist analysts (Davies et al., 2003; Krane, 2003; Swift, 1995) have argued that social work practices in child welfare are, in fact, practices that centre on scrutinizing maternal capacities... the conception of their mandate as saving children- in which the child is the client as opposed to the mother or family- makes it almost impossible for child protection workers to imagine how they might listen to and embrace the voices and concerns of women as mothers' (As cited in Davies et al, 2007, 24).

Kennedy's book on maternity in Ireland was a welcome and very pertinent example of offering visibility to women at the time of child-bearing and mothering. It is argued that in Ireland, despite the fact that in excess of 50,000 women give birth every year, there is a huge gap in analysis of this dimension of women's lives (2000, 1).

'Motherhood is both personal and political. Mothers live their lives where the public and private meet. Their everyday lives are influenced by public expectations, prescribed roles, social, political, economic, and cultural constraints and circumstances while on a parallel level private, biographical, emotional, physical and psychological experiences have to be coped with by these same mothers'

(Kennedy, 2002, p. 2).

The more mothering is understood with its alternative perspectives, a new way of knowing will undoubtedly enhance an anti-oppressive paradigm. With this shared

frame of reference social workers and other health professionals empower and advocate for those who are immersed in the care of their infants and young. One questions if marginalised parents, who have additional challenges interfacing with social workers, feel free to express the same honest maternal narrative that a parent cocooned by social inclusion may describe with other parents, face to face or online? Are the ambiguous representations of parenting considered legitimate and accepted as the '*normalcy*'? Or is it automatic to link these with the frame of pathology and as a consequence they are attributed negative labels in psycho-social assessments?

Working class women are framed in a unique relationship to this pathologisation. They are often described as 'bad', 'insensitive', 'laden with sexuality', 'dirt', or displaying the wrong amount and type of femininity, exotic and repulsive 'others', when studied or assessed from the middle class perspective (Skeggs, 1997, Steedman, 1982, 1986, Walkerdine and Lucey, 1989, Walkerdine, 1990, as cited in Lawler, 2000, p 104).

We need to be aware that social work is not gender-balanced. The majority of social work practitioners are women, who are, in the main, working with clients who are poor women in marginalised families (Davies et al, 2007, 23). All parents by virtue of being a parent of infants and /or small children do experience ambivalence, imperfection and guilt in this role. These feelings for some may be dominant or not so dominant throughout the journey of motherhood and fatherhood, but they do remain all the same. Therefore by having acceptance of these feelings as being normal, one has a potential to shift to empowering narratives that build the self-esteem of parents, which may lead to long lasting effects (Fook, 2016).

Fundamentally empowerment is about the reorientation of power to powerless groups. Social workers may address this by bringing their clients together, to hear other legitimate narratives from their social class and the challenges of parenting in poverty. They, through their togetherness, may have access to collective power. To

borrow Marx's phrase and apply it this scenario, *mothers of the world unite, you have nothing to lose but your poverty*. Reviewing our narratives of parenting is in line with critical approaches to practice, thinking about how people's subjective thoughts about their social world and their place within, is created, co-created and sustained (Fook, 2016, 78).

Drawing from Epston and White's *Narrative Therapy* (1990) and Fook's emphasis on the examination of the narratives (2016), it is possible to see how clients may be imprisoned in the words they have been socialised into using, in order to tell their story. My role was to counter these oppressive discourses to widen the narratives that the client used to communicate her life as a new mother. 'Problematic narratives are deconstructed, and then reconstructed along more desired lines' (Fook, 2016, 173). Being mindful of the feminist phrase of '*the personal is political*', one questions one's practice, a key component of working from an anti-oppressive stance. So, by examining the context, one can tune into the tried and tested Rogarian counselling skills of empathy, genuineness and positive regard in an easier way, by not ignoring the overarching system that impacts the client's experiences at a micro level (Geldard & Geldard, 2005, Fook, 2016, 175).

Projecting forward, when I became a mother, I experienced a depth of unwavering love and, to my core, a belief that I would gladly do anything for my infant's survival. While engulfed in this enduring love for my infant, I was bulldozed over by the huge sense of responsibility I now felt. Never before had I been so responsible for another person, who was totally dependent and vulnerable. It was this recognition of the responsibility and its impact that I never fully understood until I became a mother.

I recall my own experience of powerlessness interfacing with a health visitor. A health visitor gave a stern lecture regarding my need to be dressed and out of nightwear by 12 noon. While I understood that this visitor meant well, she was

evidently not aware of how disempowering her tone was. This interaction with a health care professional impacted my esteem and efficacy as a parent, albeit for a short amount of time. As an empowered young woman, it was not usual for me to experience a lack of personal agency and power. Had this health visitor instead, recognised the level of resilience required to sensitively meet my infant's needs, while recovering from a birth injury and chronic sleep-deprivation (no more than two hours of sleep at a time for the first 13 weeks!), the experience with this professional would have been totally different and possibly meaningful. Reflecting on this social work composite case study, had I mandatorily exited from homeless accommodation at 10 a.m., collected methadone by 11 a.m., had no private place to rest, other than a family support centre until late evening, could this have been a perfect recipe for a serious mental health episode? My emotional availability to mother my young had a direct correlation to the support I had from my informal support network - my spouse, my family, friends and neighbours. These informal networks are invaluable to a new mother for alleviating the challenges of parenting. However, we do recognise in our case load there are many scenarios whereby the informal network is non-existent, so it is the appointed social worker or family support worker that fills this lacuna.

In using the critical approach to practice framework, another consideration is identity and difference. Fook's critical practice framework helps practitioners to understand that a person's sense of self is integral to their health. We need to be accountable for the types of change, the types of 'selves' we are hoping to create (2016, 95). Considering the types of selves, I hoped to co-create in working with Anna, I recall her persistent desire to have a place called home, a place to be safe and to have privacy. Although I made a concerted effort to petition the local authority for adequate accommodation suitable for a small family with an infant, this advocacy was merely on an individual basis and would not affect public housing policy. Using the critical approaches to practice with the various domains in Fook's

framework, I reflect was enough done by the social welfare system and me to support this mother? It was almost two years before she moved out of homeless accommodation. I recall Anna telling me that her new home affected her sense of self in a very positive way, casting off her internalised shame and blame for homelessness.

After I became a mother, this transition in my own life cycle was transformative. I retrospectively questioned the case work experience, of interfacing with parents like Anna. I consciously consider whether my social work assessments of parent's capacity to meet their infant's needs were realistic? Reflecting back in this case example, the question on my team leader's lips at every monthly supervision session; '*Is Anna coping?*' Those mothers that do attempt to cope, to parent their young in extraordinary iron-caged structural challenges are worthy of real visibility. We, as social workers, are privileged to witness their resilience and personal strength to mother in adversity.

Becoming a mother offered me new introspections into parenting. Parenting an infant alone *is a difficult* and, at the same time, a fortunate endeavour. It is this love labour, of mothering carried out, while also homeless or coping with *any additional challenge* that deserves some consideration. By naming the structure and/or other challenges that make parenting hard to cope with, shifts the focus or lens from the parent, to the external factors that are obstacles to be removed, reoriented or the target of action by social work. Support services that work with families empathise with the parents they work with, by being cognisant of the structural marginalisation, constructed through history, social policy, political and economic, that make it very challenging. However, it is possible to meet children's needs in this milieu.

Reflecting on Anna's case, a therapeutic alliance was forged by communicating an appreciation for this mother, who negotiated homelessness by heating up bottles in

microwaves in city-centre cafés. Remarkably Anna found some structure to her day from 10a.m - 6p.m, when she was obliged to be away from the homeless accommodation. She showed consistent initiative in getting her daily methadone and, on occasion, attending the Family Centre, to give her infant space to have floor-play. All of these protective factors surmised a grounded assessment of her parental capacity. This appreciation of Anna and the barriers she faced, while being a young mother, were further crystallised after I became a mother. Becoming a parent helped me to appreciate the struggles of another, less advantaged parent whom I worked alongside.

Barriers and challenges are present for every mother to a greater or lesser extent. I recall the sleepless, agonising anxiety over finding suitable childcare I could entrust my precious darlings to. I was cognisant of Rich when she states;

‘as daughters we need mothers who want their freedom and ours.... Because a woman who can believe in herself, who is a fighter, and who continues to struggle to create livable space around her, is demonstrating to her daughter that these possibilities exist... ’ (1986, 247).

The Irish poet Eavan Boland’s poem written in 1982 depicts the private narrative of mothering, which reflects many of these paper’s conceptual themes of ambivalence, imperfection and guilt. In reading this poem it may enhance recognition and solidarity for the maternal narrative; Hence, *the personal is political*.

Night Feed

This is dawn.

Believe me

This is your season, little daughter.

The moment daisies open,

The hour mercurial rainwater

Makes a mirror for sparrows.

It’s time we drowned our sorrows.

I tiptoe in.
I lift you up
Wriggling
In your rosy, zipped sleeper.
Yes, this is the hour
For the early bird and me
When finder is keeper.

I crook the bottle.
How you suckle!
This is the best I can be,
Housewife
To this nursery
Where you hold on,
Dear Life.

A silt of milk.
The last suck.
And now your eyes are open,
Birth-colored and offended.
Earth wakes.
You go back to sleep.
The feed is ended.

Worms turn.
Stars go in.
Even the moon is losing face.
Poplars stilt for dawn
And we begin
The long fall from grace.
I tuck you in.

(Boland, 2009)

Recommendations

I suggest that social workers in their training are offered *reflection in action* learning opportunities, which place the trainee in the vicinity of the everyday parenting stories. This experiential learning helps the social work student to hear the *normalcy* of parenting. In this way, in training, social workers meet parents who are, in the main, caring for their infants and children without any additional challenges of addiction, mental illness, homelessness and other structural marginalisation, so they have a norm reference to draw upon. This norm reference can only develop from our informal familial networks, experiential learning and reading, at a starting point, publications such as; Rich, 1986 & 1996, Miller, 2005, Stadlen, 2004, Cusk 2001, Lawlor, 2000, and Brown 2010.

Moving forward, it is suggested that parents like Anna (discussed earlier) may be empowered and supported by social services when the professionals are drawing upon a critical approach to practice framework and when peer supervision with practitioners is encouraged. Using the accessible framework of Fook's, Critical Approach to Practice opens the doors of new possibility, frames of references and tests our assumptions (2016). Management in social work teams must recognise, that in order to critically reflect, social workers need to take time to analyse the social constructionism or deconstructionism, to fully understand the nuanced reality for these parents. As Prof Harry Ferguson (2015) states, one never questions the time given to a surgeon in the operating theatre, yet the time social workers require may be questioned by their management. Years in front-line practice taught me, how in the context of excessive caseloads, pressure of long waiting lists, management unwittingly require staff to limit the time they give to their cases. In this way social workers, themselves, may experience disempowerment that mirrors their own client's lack of power.

Social workers, in their training, need to be exposed to ambiguous representations of parenting. With a shared understanding of this normalcy, social workers that are entrusted to support family life, have a concrete understanding of parents' lived experiences. It is through induction and deduction of knowledge that we hope service users will have an empowering experience (Payne, 2014 7). To do social work with an individual using a systems approach does help with the *leaning in*. It is suggested that in 'walking along side' clients, one learns about their personal life stories and in doing so one must also be aware, that it is the structural marginalisation that clients have to resiliently negotiate, that needs prioritisation.

'If some people have greater resources than others, they have greater freedom to control their conditions of life, which conversely means that some people have less control or freedom to make choices with respect to their life conditions'. (Mullaly, 2007, 124).

Parents require social workers to recognise that a lack of words for mothering and fathering tasks demotes and ensures its invisibility and powerlessness. This may affect the narratives of the assessments, feeding into support services that wrap around families. It is suggested that social work practice must aspire to give parents a discovery and fluency to their complete representation of the parenting experience, as one would say; *'take the rough with the smooth'*. I recommend that child protection assessments have an opportunity to expand if there is a mechanism to hear the narratives from community parents and health professionals who are parents. By opening up avenues of dialogue with other parents in the relevant communities of our clients, *'...our understanding might.... gain a different perspective and can learn through dialogue and debate with other people'* (Fook, 2016, 93). Child protection assessment and supportive goals may be orientated with the nuanced cultural reflexivity required for a broader assessment. The community parents, in collaboration with the social worker, may offer their interpretation on composite case scenarios, with the aim to critically interpret the complexity of the case work

from many perspectives. In this way, the assessment may capture the postmodern view of 'identities that may change, be contradictory and multiple' (Fook, 2016, 99).

Employers and managers of social work child protection teams must endeavour to support their employees, who are parents, in managing a work-life balance. In my experience, social work in child protection is perceived as such a demanding role that it may unwittingly lead to the attrition of social workers, who are parents. This may force them to choose to work in other positions in the health service with predictable close of business. After all, these social workers have to collect their children from childcare providers at an anticipated time. The management system that employs professional child protection social workers must aim to support those who have dependents and unpaid caring responsibilities. In this way, employers may reduce the high turnover of staff, a feature of child protection social work.

For meaningful engagement, a social worker is connected to her clients and open to new ways of knowing. Just as psychiatric doctors are open to hearing from those who have walked 'the mile' of mental illness in forums, such as the mental health tribunals, social workers need to be exposed to the normal range of ambivalent representation in the journey of parenting. Those social workers who operate from a strengths perspective, will affirm resilient parenting while at the same time name the obstacles (Saleebey, 2008).

Is it widely understood that parenting is demanding, to borrow Cusk's phrase 'a life's work', work which strongly features love and joy. Just as an Olympic athlete never regrets the internal and external challenges to achieve his/her dreams, so too the mother, in nurturing her young to independence never regrets the complexity and all the ambiguous representations. Enhancing the recognition of parenting challenges needs more visibility, so we have a shared understanding of the normalcy of the maternal journey. Social policy must strive to support parenting from a macro and micro level, so we as a society recognise the complexity of maternal narratives,

while also emphasising a meaningful solidarity with those parents rearing our youngest citizens.

Conclusion

This conceptual paper asks the reader to consider that ambivalence, guilt, imperfection and the recognition of these narratives in parenting is normal and that those professionals, that are privileged to support families, work in solidarity to hear their service users' and clients' ambiguous representations. This article has sought to raise open-ended questions with a critical approach to practice framework, which encompasses new ways of knowing, power, discourse, language, narrative, identity and difference (Fook, 2016). Practitioners' assumption of parenting requires critical analysis. The critical approach to practice framework, synthesised with a composite case, the biographical data and relevant literature, may enhance the conceptual understandings of the transformative experience of becoming a parent. This article raises more questions than it attempts to answer.

I have full admiration for those social workers who work tirelessly with parents and children in their communities in the name of *social justice*. One can testify only too well the kaleidoscopic complexity of the cases that social workers have the privilege of interfacing with. There is no black or white, but a mix of grey.

Final note, as my children grow into their middle childhood, 5 – 9 years old, with their own gradual independence and emerging selves, it is I who needs to sneak in the cuddles. They, in their infancy, were birthed with high duty *Velcro* into our arms, and are now developing their confident young selves, with their own interests and friends. They play instruments, make lots of experiments (requiring lots of cleaning), love drama, play football and have lots of play time with friends; activities which do not require the intensity of the infancy phase, much of the time! Some regression can emerge from time to time due to little viruses, sibling refereeing or need to snuggle.

I reflect back on the attached and immersed parenting required to nurture my three darlings in the earlier years. It was a phase; a phase that was only one inch on a twelve inch ruler of my entire life. And yes, I have saved another inch of that life ruler for the adolescent years! The Velcro-inseparable phase of infancy is replaced now with a different type of emotional and physical labour. Longer unobstructed time, that opened up to me to write this article, testifies to a new shift in the changing childrearing needs of my young. As the infancy phase passes, it is these memories and ambiguous representations that are part of my very being, a woven tapestry in my heart.

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In memory of Dan McGinty, my uncle and friend who died suddenly October 2015.

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